

AUG 26 2010

ZOLLINGER & BURLESON LTD.
Post Office Box 2368
North Canton, Ohio 44720

Based on PTO/SB/21
which is approved for use through 2012-07
Doc Code: TRAN.LET

TRANSMITTAL (post-filing)

Application No.	10/579,954	Art Unit	1796
Filing Date	May 22, 2006	Examiner Name	Boyle, R.C.
Total no. of pages submitted	9	First Named Inventor	Yan

Client ref. **Po3096US2A**Firm ref. **Bjoo1donUSc**

ENCLOSURES

Where a number is included in parentheses below, it refers to the number of pages of each item.

<input checked="" type="checkbox"/> Amendment / Reply (8) <input type="checkbox"/> After final <input type="checkbox"/> Declaration(s) ()	<input type="checkbox"/> Drawing(s) () <input type="checkbox"/> Licensing-related papers () <input type="checkbox"/> Petition () <input type="checkbox"/> Petition to convert to a prov'l appl. () <input type="checkbox"/> Terminal disclaimer () <input type="checkbox"/> Request for Refund () <input type="checkbox"/> CD(s) <input type="checkbox"/> Landscape table <input type="checkbox"/> Fee Transmittal form <input type="checkbox"/> Credit card payment (form PTO-2038)	<input type="checkbox"/> After Allowance Communication to TC () <input type="checkbox"/> Appeal Communication () <input type="checkbox"/> to Board of Patent Appeals and Interferences <input type="checkbox"/> to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information () <input type="checkbox"/> Status letter () <input type="checkbox"/> Other enclosure(s)												
Where an Amendment is included, claim fees are computed as follows:														
<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: right;">Rate</th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr> <td>Extra claims</td> <td style="text-align: right;">20 - HP* =</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Extra indep. claims</td> <td style="text-align: right;">1 - HP* =</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Extra mult. dep. claims</td> <td style="text-align: right;">0 - HP* =</td> <td style="text-align: right;">0</td> </tr> </tbody> </table> <small>* HP is the highest number for which payment previously was made</small>				Rate	Total	Extra claims	20 - HP* =	0	Extra indep. claims	1 - HP* =	0	Extra mult. dep. claims	0 - HP* =	0
	Rate	Total												
Extra claims	20 - HP* =	0												
Extra indep. claims	1 - HP* =	0												
Extra mult. dep. claims	0 - HP* =	0												
<u>REMARKS</u>														

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	Zollinger & Burleson Ltd.		
Signature	<i>David G. Burleson</i>		Date
Name	David G. Burleson		Registration No.
			38,090

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that, on the date set forth below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the address set forth immediately below this certification (optionally including Mail Stop information) or is being transmitted by facsimile to the United States Patent and Trademark Office.

Signature	<i>David G. Burleson</i>		
Name	David G. Burleson		Date
			August 26, 2010

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450